
Name

Address

City State Zip Code

Phone Number

WIFE, PETITIONER PRO SE

Name

Address

City State Zip Code

Phone Number

HUSBAND, PETITIONER PRO SE

FORM #20

**MONTANA TWENTY-FIRST JUDICIAL DISTRICT COURT
RAVALLI COUNTY**

In re the Marriage of:

_____,
Petitioner,

and

_____,
Petitioner.

Cause No.: _____

Department No. _____

STATUTORY NOTICE TO CSED

TO: THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

1. Pursuant to the requirements of Montana Code Annotated §40-5-202(5), you are hereby notified that the foregoing action involves one or more of the following issues: Paternity, termination of parental rights, establishment, enforcement, or modification of a child support obligation or establishment, enforcement or modification of a medical support order.

2. The proceeding may involve a party for whom the Department is or has been providing Title IV-D services.

3. The names of the parties, their last known addresses and social security numbers (if known) are as follows:

4. The name of the child(ren), last known addresses and social security number (if known) are as follows:

5. The Department may:

- (i) decline to enter the proceeding as a party, in which case the proceeding may continue without the department's participation;
- (ii) inform the tribunal that a substantial interest of the department could be adversely affected by the proceeding, in which case the proceeding may not continue without joining the department as a necessary party in the manner provided in the Montana Rules of Civil Procedure; or
- (iii) inform the tribunal that prior to the filing of the proceeding, the department initiated an administrative proceeding under this chapter in which the parties and some or all of the issues are the same as those in the proceeding before the tribunal. The tribunal shall then discontinue the proceeding as to the common issues until administrative remedies have been exhausted.

Montana Code Annotated 40-5-202(5).

6. This Notice is to be served personally upon the Department. The Department has twenty (20) days following service to act.

DATED this ____ day of _____ 20____.

PETITIONER - WIFE

PETITIONER - HUSBAND

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the foregoing document was sent by U.S. Mail, postage prepaid, addressed to:

State of Montana
Department of Public Health & Human Services
Child Support Enforcement Division
2675 Palmer Street - Suite C
Missoula, MT 59808

DATED this ____ day of _____ 20__.

Signature